

WHO GOVERNANCE IN GLOBAL HEALTH CRISES

A Comparative Analysis of the WHO's Management Role between SARS and COVID-19

1 Background

- WHO: Scapegoat for Pandemic Management

SARS

- Recognized as a global threat in mid-March 2003
 - Successfully contained in less than 4 months
- > International Cooperation.

COVID-19

- ≠ unknown threat
- not the first pandemic
- existing PPR mechanisms



Research Questions

- 1.What are the significant successes and failures of the WHO's management during the SARS and COVID-19?
- 2.What are the contributing factors to successes and failures of the WHO's management during the SARS and COVID-19 and how did they influence WHO behaviour?
- 3.What are the major differences between the outbreak of SARS and COVID-19 in pandemic management context, which influenced WHO's behavior and management?
- 4.Why did the WHO behave differently during these two pandemics?
- 5.How should WHO as the leading international organization in global health, respond to address the global health threats?

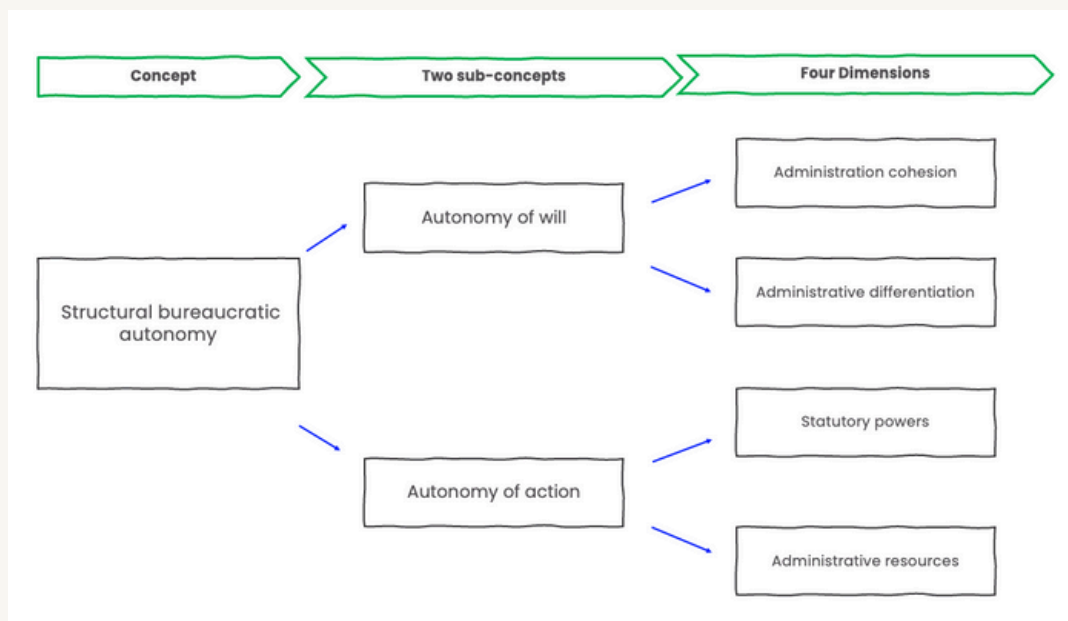
2 Objective

- To explore the contributing factors, leading to success and failure of WHO's Management
- To study and explore the differences instances of SARS and COVID-19 and major factors that influences the WHO management roles and behaviours
- To study and analyze the lesson learnt and approaches WHO could adopt to perform better in the next pandemic

3 Theoretical Framework

Bureaucratic Autonomy – Bauer and Ege (2016)

- Autonomy of Will: The ability of the organization to form and develop independent preferences.
- Autonomy of Action: The capability of the organization to act on these preferences autonomously.



4 Methodology

Comparative Case Study



Methods



Key Informant Interview



Observation



Document Analysis



Grounded Theory

5 Case Selection

Why SARS and COVID-19?

- Same type of virus: Coronavirus but different variants
- Same origin of pandemics: China, and the political context in pandemic reporting, coordination, international cooperation, and pandemic management.
- Same actor: WHO
- Different timing, same organizational structures, and regulations BUT different behaviours.

6 Preliminary Findings

Internal Factors

- Limited Authority (Agenda Setting, Implementation)
- WHO Decentralized Structure: Three-level governance or Federal approach
- Leadership

External Factors

- Financial Constraints
- Dependency on MS (Data, Medical Resources)
- Non-compliant behaviour and Defensive Policy of MS
- Incapability in PPR of MS



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